The development of this resource guide was supported by Grant number H79TI081709 funded by the Substance Abuse and Mental Health Services Administration. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Substance Abuse and Mental Health Services Administration or the Department of Health and Human Services.

Design & back cover photo: Paul Akmajian | Front cover photo: Rod Gorrell
Introduction

Thank you for your interest in the AzMAT Mentors Program. The program aims to increase provider capacity to deliver evidence-based treatments for people with substance use disorders and, more specifically, for patients with opioid use disorders (OUD).

This Resource Guide (herein referred to as The Guide) offers resources and links to support the provision of medication-assisted treatments (MAT). Additional technical support can be received from the Opioid Assistance and Referral line (1-888-688-4222) or the Arizona Center for Rural Health https://crh.arizona.edu/mentor or via email at coph-crh@arizona.edu.

The Guide is a compilation of national and state resources. Though not exhaustive, these resources were selected to address important questions and topics that Arizona MAT providers indicated were of interest. Most resources are available via the web, and The Guide provides a brief description of each and a link to the actual source.

Culturally Responsiveness Statement

Addressing challenges faced by Arizonans with substance use disorders including those who are Black, Latiné, Indigenous, Immigrants and People of Color are crucial components of research, policy, and clinical strategies that improve health equity. AzCRH connects diverse partners across Arizona, provides reliable and useful data to inform policies and programs, and assists in finding resources to support rural and underserved populations historically exploited and ignored. We pledge to expand our efforts to address racial injustices and health inequities.

Cultural responsiveness is about being open, empathetic, and engaging in lifelong self-improvement to increase our awareness of individual and structural biases. Cultural responsiveness is about how we respect individuals, families, and communities within their ecological systems.

We also recognize and celebrate differences within and between cultural groups and strive to create inclusive environments for all people for whom we interact.

Land Acknowledgment Statement

The University of Arizona sits on the original homelands of Indigenous Peoples who have stewarded this Land since time immemorial. The University of Arizona resides on ancestral lands of the Tohono O’odham and Pascua Yaqui nations, where many today continuously reside in their ancestral land. Aligning with the university’s core value of a diverse and inclusive community, it is an institutional responsibility to recognize and acknowledge the People, culture, and history that make up the Wild-cat community. At the institutional level, it is important to be proactive in broadening awareness throughout campus to ensure our students feel represented and valued.

For more information about Native lands which UArizona resides on, see https://nasa.arizona.edu/

Updated September 30, 2020
Acknowledgments

The Guide was developed through a collaborative process among personnel in and partners of the Arizona Center for Rural Health. These include:

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Amy Capone, MD
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Melody Glenn, MD
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Estefanía Mendivil
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Ariel Tarango, MPH
Melissa Weiksnar, SB, MBA, MS
All the providers who completed the needs assessment

Ken Miller photo
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Health Promotion, Resilience, and Strength

One way to reduce harmful affects of substance use, misuse and addiction is to promote health and wellness by improving individual, family and community resilience. Public health professionals often use social ecological models to discuss and understand the relationship between an individual’s health and their communities. Golden et al (2015) developed the “inside-out” ecological model which puts policies and environment in the center with individuals on top calling for fair and equitable distribution of resources. The authors call for health promotion professionals to:

• Ensure resources are equitably distributed when policies are developed and implemented  
• Communicate the influence of political, social, and environmental factors on health  
  o Example: Paying for care. Geography.
• Use existing networks to connect and advocate for people of diverse backgrounds  
  o Example: Linkages to referral sources.

Researchers examined the protective factors for health specifically for American Indian/Alaska Native youth. They found individual, family, community, and multi-level protective factors for alcohol, substance use, suicide and depression exist. Commonalities included role modeling, positive adult relationships, opportunities to contribute, and extracurricular activities. These authors recommend that health professionals:

• Identify and use protective factors to improve health
• Provide engagement to identify strengths—rather than focusing solely on deficits

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Legal and Ethical Practice

Collecting consent for the treatment of substance use disorders is an ethical and legal practice. Protecting substance use information gathered through the provision of treatment is required under 42 C.F.R. Part 2. Additional information about legal and ethical practices and requirements can be found here:

- Center of Excellence for Protected Health Information: [https://www.caiglobal.org/index.php?option=com_content&view=article&id=1149&Itemid=1953](https://www.caiglobal.org/index.php?option=com_content&view=article&id=1149&Itemid=1953)
- Legal Action Center:
- Substance Abuse and Mental Health Services Administration (SAMHSA) (last updated April, 2020): [https://www.samhsa.gov/about-us/who-we-are/laws-regulations/confidentiality-regulations-faqs](https://www.samhsa.gov/about-us/who-we-are/laws-regulations/confidentiality-regulations-faqs)

Other legal and ethical issues to consider are diversion and theft. Here are other resources to help minimize these risks.

- Arizona State Board of Pharmacy, Controlled Substances Prescription Monitoring Program: [https://pharmacypmp.az.gov/](https://pharmacypmp.az.gov/)
- United States Department of Justice, Drug Enforcement Agency Diversion Control Division: [https://www.deadiversion.usdoj.gov/](https://www.deadiversion.usdoj.gov/)
Substance Use Disorders: Intersection of Factors

In 2016, the former Surgeon General released the first-ever report on alcohol, drugs and health. This comprehensive report addresses issues of neurobiology, prevention, treatment, recovery, integrated behavioral health care and policy. It provides concrete strategies for addressing substance use concerns in a variety of settings for diverse populations. Chapter 6 is dedicated to health care systems. In 2018, the current Surgeon General provided a spotlight on opioids which offers reasons for optimism, treatment and recovery information. The links can be found here:

- Visit the Surgeon General’s website on alcohol, drugs, and health: https://addiction.surgeongeneral.gov/
  - View a 2018 spotlight on opioids: https://addiction.surgeongeneral.gov/sites/default/files/OC_SpotlightOnOpioids.pdf

Opioids and Poly-Substance Use

The Arizona Department of Health Services (ADHS) provides real-time data regarding the opioid epidemic. This dashboard links to the Arizona opioid action plan and prescriber education program. This dashboard highlights poly-substance use as an important aspect of drug overdose. Since 2017, ADHS indicates 49% of reported overdoses in Arizona involved more than one drug. As of August 12, 2020, fentanyl (23.1%), heroin (18.7%), benzodiazepines (16.3%), and oxycodone (14.7%) were the most prevalent. These data are updated regularly – please visit the website for the latest numbers.

- Arizona Prevention Resources (scroll down to see a list of resources specific to opioid use disorders): https://goyff.az.gov/content/arizona-substance-abuse-prevention-resource

Substance Use Risk Education

Individuals have low general knowledge of opioids, overdose, and responses to overdose. Importantly, these researchers also found higher knowledge levels were associated with increased odds of a lifetime overdose. This highlights the complicated relationship between information and behavior, and the need for care in how providers communicate with patients about opioids and their risks.

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Screening, Brief Intervention, and Referral to Treatment (SBIRT)

Overview
SBIRT is a public and population health approach for identifying, intervening, and referring people in need of substance use, misuse, and addiction services and supports. It is evidence-based and has been implemented in a variety of settings. SBIRT is effective for addressing harmful alcohol use, but some studies show mixed results\(^1\). Assessing the patients’ severity and responding accordingly is important. While evidence is preliminary, Bernstein and D’Onofrio expanded SBIRT approach to initiate medication for treating nicotine and opiate use. They found promising results for reduction/elimination of use and linkage to OUD care.

How it works
1. Screening: All patients are screened using screening tools with acceptable specificity and sensitivity. The screening tools identify those who may benefit from additional screening and/or brief intervention/treatment. Screenings can be progressive. That is, screening might start with one question about substance use during a specific time frame and progress to more comprehensive screening if indicated. Based on screening results, providers may:
   a. affirm a patients’ healthy behaviors,
   b. offer patients additional screening(s)
   c. offer referral to other services or supports
2. Brief Intervention/Treatment: Based on screening results, providers may offer brief office-based intervention/treatment. Treatments might include: (a) medication such as buprenorphine and (b) behavioral such as Motivational Interviewing\(^2\).
3. Referral: Providers might offer referrals to specialty substance use disorder treatment or other services and supports (e.g., family counseling).

Additional resources for implementing SBIRT can be found below.

General Information
- Center of Excellence for Integrated Health Solutions: [https://www.thenationalcouncil.org/integrated-health-coe/](https://www.thenationalcouncil.org/integrated-health-coe/)
- NIDA: Commonly used drug charts: [https://www.drugabuse.gov/drug-topics/commonly-used-drugs-charts](https://www.drugabuse.gov/drug-topics/commonly-used-drugs-charts)
- SAMHSA: [https://www.samhsa.gov/sbirt](https://www.samhsa.gov/sbirt)

\(^2\) Miller WR, Rollnick S. Motivational interviewing: Helping people to change (Third Edition). 2013; Guilford Press
Professional Training, Evidence-Based Practices, and Technical Assistance Resources

- Addiction Technology Transfer Center: https://attcnetwork.org/centers/northwest-attc/screening-brief-intervention-and-referral-treatment-sbirt
- Motivational Interviewing Trainings
  - Center for Applied Behavioral Health Policy: https://cabhp.asu.edu/motivational-interviewing
  - Motivational Interviewing Network of Trainers: https://motivationalinterviewing.org/
- PCSS: https://pcessnow.org/event/an-sbirt-approach-to-pain-and-addiction/
- SBIRT Education: https://bigsbirteducation.webs.com/

Implementation Toolkits and Examples

- IRETA: https://ireta.org/resources/sbirt-toolkit/
- Massachusetts Clinicians Toolkit: https://www.masbirt.org/products
- SBIRT Oregon:
  - Overview YouTube Video: https://www.youtube.com/watch?v=jt_I2Yg2Ik4
  - Reference sheets: http://www.sbirtoregon.org/clinic-tools/
  - Screening computer application: http://sbirtapp.org/language

Screenings and Assessments

- American Society for Addiction Medicine: https://www.asam.org/Quality-Science/quality/drug-testing
- NIDA: https://www.drugabuse.gov/nidamed-medical-health-professionals/screening-tools-prevention
- SAMHSAs, Opioid Overdose Prevention Toolkit. Includes screening and assessment for first responders: https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA18-4742?referer=from_search_result
Reducing Stigma

What is stigma?
Stigma is “A social process that is characterized by labeling, stereotyping and separation leading to status loss and discrimination, all occurring in the context of power.”\(^1\) It can affect the fair and equal treatment of people living with certain conditions, like substance use and mental health—two of seven health conditions that share common stigma drivers (see below).

What drives stigma?\(^2\)
- Negative attitudes
- Fear
- Beliefs
- Lack of awareness about the condition and stigma
- Inability to clinically manage condition
- Institutional procedures and practices

What are the consequences of stigma in health care?
- Denial of care
- Sub-standard care
- Physical/verbal abuse
- Longer wait times
- Pass patients to junior colleagues
- Undermine access to diagnosis, treatment, and positive health outcomes
- Health care workers may be living with stigmatized condition and reluctant to seek help

What are evidence-based strategies for reducing or eliminating stigma in health care?
- Prevention of substance use and misuse is an evidence-based strategy. By eliminating or reducing substance misuse and addiction we may help eliminate stigma.
- Including people with the stigmatized condition to help improve empathy, and eliminate stereotypes in health care
- Providing information about the condition and associated stigma
- Engaging in participatory learning among participants involved (i.e., health care workers; patients)
- Building skills for health care workers to improve their ability to work with people in stigmatized groups

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\(^1\) Link BG, Phelan JC as cited in Nyblade et al., 2019 p. 1

• Empowering people to acknowledge and management their substance use disorder to overcome self, social, and structural stigma

• Making structural or policy changes in the health care setting

**How do we promote person-first language?**

• Recognize people are not their diagnosis or deficiency

• Use terms or phrases such as “person with substance use concern” or “disorder” rather than “substance abuser”

• Reduce the use of language that may be perceived as judgmental. For example, tell the patient their urinalysis drug screen was “negative” for substances rather than it was “clean.”

• Allow patients to use their own terms to identify themselves (i.e., I’m recovering addict) but as helping professionals refrain from using these terms

**Why is person-first language important?**

• The term drug “abuse” is implicitly linked with emotional, physical or sexual abuse

• A study found clinicians were more likely to blame a patient when they were described as a substance abuser versus a person with a substance use disorder

• People who feel stigmatized may be less likely to seek treatment or more likely to drop out

• Using person-first language helps empower patients to seek help and manage their conditions

SAMHSA and others have developed many resources to help educate providers and communities about the stigma associated with substance use disorders. The links below may be helpful.

• Faces and Voices of Recovery: [https://facesandvoicesofrecovery.org/resource/words-matter-how-language-choice-can-reduce-stigma/](https://facesandvoicesofrecovery.org/resource/words-matter-how-language-choice-can-reduce-stigma/)

• Power of perception: [https://www.samhsa.gov/power-perceptions-understanding](https://www.samhsa.gov/power-perceptions-understanding)


• Shatterproof: [https://www.shatterproof.org/about-addiction/stigma/stigma-reducing-language](https://www.shatterproof.org/about-addiction/stigma/stigma-reducing-language)

• This is a one-hour panel discussion about research and practices related to stigma: [https://www.youtube.com/watch?v=LuotCdJF2qc&feature=youtu.be](https://www.youtube.com/watch?v=LuotCdJF2qc&feature=youtu.be)

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Trauma: Primary and Secondary

Primary Trauma:

Trauma has significant and lasting effects on our health. The landmark Adverse Childhood Experiences study demonstrated a higher proportion of people with four or more ACEs report substance use/misuse and mental health conditions\(^1\). If unaddressed, these adverse experiences may continue to negatively influence an individual’s physical and emotional health. These are primary traumas. For example, people who experience a greater number of ACEs are also at increased risk for health behaviors such as smoking, heavy drinking, drug overdose, and chronic health conditions (e.g., heart disease).\(^2\) Scientists suggest the mechanism for these issues is toxic stress. Toxic stress is defined as the overactivation of the stress response which can affect attention, executive functioning, impulse behavior and other issues.\(^2\) These are similar to the neurobiological mechanisms of addiction.\(^3\)

Prevention of Primary Trauma

Prevention efforts to interrupt the generational transmission of primary trauma include screening for and educating pregnant and parenting mothers about ACEs during pediatric visits\(^4\). Racine\(^5\) examined the economics of investing in early childhood interventions. The researcher concluded marginal investments in early childhood interventions, regardless of the setting, produce economic benefits.

Secondary Trauma:

People who care for others may experience secondary trauma. This is especially relevant to first responders, health care providers, military personnel, and family members. Ensuring caregivers also care for their own needs is essential to prevent or reduce secondary traumatic stress (STS)\(^6\). Scholars suggests empathy can be both a protective and risk factor for STS which can be mitigated by self-care, detachment (ability to detach from work), sense of satisfaction (fulfillment in work and life), and social support.


Resources on Primary Trauma:
- Centers for Disease Control and Prevention ACEs website: https://www.cdc.gov/violenceprevention/childabuseandneglect/acesstudy/index.html
- Dr. Nadine Burke Harris’s TedTalk on ACEs and health (15 minutes): https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime?language=en
- Governor Ducey’s Office of Youth, Faith, and Family’s initiative dedicated to ACEs: https://goyff.az.gov/content/adverse-childhood-experiences-aces

Resources on Secondary Trauma:

Screenings and Treatments:
- American Psychological Association PTSD Treatments: https://www.apa.org/ptsd-guideline/treatments
- Health Care Toolbox: https://www.healthcaretoolbox.org/tools-and-resources/tools-you-can-use-screening.html
- U.S. Department of Veterans Affairs – National Center for PTSD: https://www.ptsd.va.gov/PTSD/professional/treat/index.asp
National and State OUD Practice Resources

Agency for Healthcare Research and Quality (AHRQ)
AHRQ developed numerous resources and tools for implementing MAT in rural areas. They also developed the implementation playbook. The playbook helps guide decision making and implementation needs and processes (e.g., staff; training; policies/procedures). Below are the links.

- Opioid and substance use resources: [https://integrationacademy.ahrq.gov/products/opioid-substance-use-resources](https://integrationacademy.ahrq.gov/products/opioid-substance-use-resources)

American Society of Addiction Medicine (ASAM)
In 2020, ASAM revised its 2015 guidelines for the treatment of addiction of opioid use. The 2020 version adds several revisions. One overarching theme was the importance of providing medication treatments even if (a) comprehensive assessment is not complete or (b) the patient does not want to participate or there are no psychosocial treatments available. It was recommended that motivational interviewing or enhancement could be used to support patients in engaging in psychosocial treatments.


SAMHSA
SAMHSA has numerous resources to help providers implement MAT. Below are several resources including SAMHSA’s MAT treatment improvement protocol (TIP 63) for opioid use disorder medications. TIP 63 provides information for health care and addiction professionals, policy makers, patients, and families.

- Evidence-based practices regarding opioids: [https://www.samhsa.gov/ebp-substances/opioids](https://www.samhsa.gov/ebp-substances/opioids)
- MAT guidelines: [https://www.samhsa.gov/medication-assisted-treatment](https://www.samhsa.gov/medication-assisted-treatment)
Minimizing Risk/Harm Reduction

Research shows people may move in and out of recovery throughout their lifetime. Minimizing risks or harms associated with substance use is an important aspect of care. Here are some resources for minimizing risk/harm reduction:

- Arizona Health Care Cost Containment System: [https://www.azahcccs.gov/Members/BehavioralHealthServices/OpioidUseDisorderAndTreatment/](https://www.azahcccs.gov/Members/BehavioralHealthServices/OpioidUseDisorderAndTreatment/)
- Arizona Office of Youth, Faith, and Family Rx Drug Toolkit: [https://goyff.az.gov/content/arizona-rx-drug-toolkit](https://goyff.az.gov/content/arizona-rx-drug-toolkit)
- Drug Policy Alliance: [https://www.drugpolicy.org/issues/harm-reduction](https://www.drugpolicy.org/issues/harm-reduction)
- Futures Without Violence: [https://www.futureswithoutviolence.org/](https://www.futureswithoutviolence.org/)
- Harm Reduction Coalition: [https://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/](https://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/)
- Sonoran Prevention Works:
  - Fentanyl alert: [https://spwaz.org/fentanyl/](https://spwaz.org/fentanyl/)
  - Frequently Asked Questions: [https://spwaz.org/faq/](https://spwaz.org/faq/)

COVID-19 and OUD

The COVID-19 pandemic has disrupted ways OUD interventions and treatments are provided and estimates suggest overdose is still a public health concern (see Diseases of Despair section for resources on overdose). Numerous agencies and organizations have offered guidance and recommendations to help respond to patients with OUDs. Here are some relevant links.

- SAMHSA: [https://www.samhsa.gov/coronavirus](https://www.samhsa.gov/coronavirus)

Other Resources

- Opioid Response Network: [https://opioidresponsenetwork.org/index.aspx](https://opioidresponsenetwork.org/index.aspx)

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Arizona SUD and OUD Resources

Arizona SUD and OUD stakeholder organizations created trainings and resources around prevention, treatment, and other service support. Some of these include the following:

- Arizona Center for Rural Health Prescription Drug Overdose Prevention Program: [https://crh.arizona.edu/programs/prescription-drug-misuse-abuse-initiative](https://crh.arizona.edu/programs/prescription-drug-misuse-abuse-initiative)
- Arizona Health Care Cost Containment System: [https://www.azahcccs.gov/Members/Behavioral-HealthServices/OpioidUseDisorderAndTreatment/MAT.html](https://www.azahcccs.gov/Members/Behavioral-HealthServices/OpioidUseDisorderAndTreatment/MAT.html)
- Arizona Smokers Helpline: [https://ashline.org/](https://ashline.org/)
- Arizona State University, Center for Behavioral Health Policy: [https://cabhp.asu.edu/medication-assisted-treatment](https://cabhp.asu.edu/medication-assisted-treatment)
- Be Connected Arizona: A project for service members, veterans, families and communities [https://beconnectedaz.org](https://beconnectedaz.org)
- Governor’s Office of Youth, Faith, and Family: [https://goyff.az.gov/content/arizona-substance-abuse-prevention-resource?progid=68f68697-c5d9-46f8-8065-7fd834e73d10](https://goyff.az.gov/content/arizona-substance-abuse-prevention-resource?progid=68f68697-c5d9-46f8-8065-7fd834e73d10)
- Opioid Assistance and Referral Line: [https://www.azdhs.gov/oarline/](https://www.azdhs.gov/oarline/)
Tribal Communities

There are 22 nationally recognized American Indian/Native American tribes in Arizona. Many Tribal communities experience substantial rates of opioid use overdose and have developed relevant and effective responses to substance use, misuse, and addiction. Below are resources to help address substance use among American Indian/Native American tribes.

• Arizona Center for Rural Health Tribal Health Initiatives: https://crh.arizona.edu/programs/tribal-health
• Arizona Department of Health Services Tribal Liaison: https://www.azdhs.gov/director/tribal-liaison/index.php
• Tribal Epidemiology Centers: https://tribalepicenters.org/
• Indian Country ECHO – Substance Use Disorder: https://www.indiancountryecho.org/program/substance-use-disorder/
• Indian Health Service, Opioid Crisis Data, Understanding the epidemic: https://www.ihs.gov/opioids/data/
• National American Indian & Alaska Native Addiction Technology Transfer Center: https://attenetwork.org/centers/national-american-indian-and-alaska-native-attc/home
Diseases of Despair: Substance Use, Suicide Risk, and Overdose

Substance use is associated with increased suicide risk. In the US, risk factors for suicide and unintentional overdose are:\(^1\)

- twice as high for men compared to women,
- higher for people who identified as white or Native American,
- higher in midlife (41-64 years of age), and
- higher for people with other mental health conditions.

Scholars acknowledge the relationship between substance use and poverty:\(^2\) Poorer communities rely on manufacturing or service jobs (including military) putting people at risk for injury. Injuries that result in chronic pain, inability to work, and limit social support may increase risk for misusing prescribed opioids and overdose\(^2\).

People who identify as lesbian, gay, bisexual, or transgender (LGBT) are at higher risk for suicide if they misuse substances.\(^3\) For LGBT populations, substance misuse may be a coping mechanism for victimization experienced, which may increase suicide risk.

Former Surgeon General Vivek H. Murthy, MD said loneliness is a significant public health concern. While listening to his patients, Dr. Murthy indicates people who move into recovery from misuse and addiction reported trusted relationships helped facilitate their recovery.\(^4\)

Here are some resources to address suicide and overdose:

- Arizona Suicide Prevention Coalition: https://www.azspc.org/
- Be Connected Arizona: A project for service members, veterans, families and communities https://beconnectedaz.org
- National Suicide Prevention Hotline: https://suicideprevention-lifeline.org/; 1-800-273-8255
- NIDA, Opioid Reversal with Naloxone: https://www.drugabuse.gov/related-topics/opioid-overdose-reversal-naloxone-narcan-evzio
- SAMHSAs, First responder training: https://www.samhsa.gov/dtac/first-responders-training
- SAMHSAs, Office of Behavioral Health Equity: https://www.samhsa.gov/behavioral-health-equity
- Youth.gov, LGBT Behavioral Health: https://youth.gov/youth-topics/lgbtq-youth/health-depression-and-suicide


Family and Peer Services and Supports

Services
Family and peer support specialists offer individuals and families supportive services throughout the treatment and recovery process. They are trained individuals with “lived experience” who provide support to promote recovery and resilience. Check out more information about training and certification for family and peer support specialists. Including this type of expertise may extend the types of services offered in your practice.

- Arizona Complete Health – information on training and other requirements for peer support specialist: [https://www.azcompletehealth.com/providers/resources/provider-manual/pm_section_15.html](https://www.azcompletehealth.com/providers/resources/provider-manual/pm_section_15.html)
- College of Medicine, Family & Community Medicine – recovery support specialist institute: [https://www.fcm.arizona.edu/workforce-development-program/about-us](https://www.fcm.arizona.edu/workforce-development-program/about-us)
- Peer and Family Career Academy: [https://www.azpfca.org/](https://www.azpfca.org/)

Supports
Families, partners, and friends of people who misuse alcohol or drugs may benefit from engaging in support groups or advocacy organizations. Here are some resources:

- Al-Anon Family Groups: [https://al-anon.org/](https://al-anon.org/)
- Arizona Caregiver Coalition: [https://azcaregiver.org/](https://azcaregiver.org/)
- Mental Health America of Arizona: [https://www.mhaarizona.org/copy-of-mental-health-advocacy-tool](https://www.mhaarizona.org/copy-of-mental-health-advocacy-tool)
- Nar-Anon Family Support: [https://www.nar-anon.org/](https://www.nar-anon.org/)
- Partnership to End Addiction: [https://drugfree.org/](https://drugfree.org/)
- What’s your grief? [https://whatsyourgrief.com/](https://whatsyourgrief.com/)
- White Bison Wellbriety Movement: [https://wellbriety.com/about-us/](https://wellbriety.com/about-us/)
- Wildcat Anonymous: [https://wildcatsanon.arizona.edu/](https://wildcatsanon.arizona.edu/)
Cultural and Linguistic Responsiveness

Addressing patients’ cultural and linguistic needs is an important element of access to care. To support this, the Office of Minority Health (OMH) offers training and resources to improve health equity, including standards for organizational cultural and linguistic appropriate services (CLAS) (see Office of Minority Health, Think Cultural Health link below). Applying CLAS may improve health outcomes and reduce inequities in care. Likewise, SAMHSA highlights key aspects of cultural competence (TIP 59). These and other resources are linked here:

- Health Resources and Services Administration, Culture, Language, and Health Literacy: [https://www.hrsa.gov/about/organization/bureaus/ohe/health-literacy/culture-language-and-health-literacy](https://www.hrsa.gov/about/organization/bureaus/ohe/health-literacy/culture-language-and-health-literacy)
- Think Culture Health: [https://thinkculturalhealth.hhs.gov/about](https://thinkculturalhealth.hhs.gov/about)
- NIDA, Substance Use and SUDs in LGBTQ Populations: [https://www.drugabuse.gov/drug-topics/substance-use-suds-in-lgbtq-populations](https://www.drugabuse.gov/drug-topics/substance-use-suds-in-lgbtq-populations)
Service Delivery Types and Financing

Integrated Behavioral Health Care
Integrated behavioral health care is defined as: “The systematic coordination of general and behavioral health care. Integrating services for primary care, mental health, and substance use related problems together produces the best outcomes and provides the most effective approach for supporting whole-person health and wellness.”¹ Integrated systems will prevent or reduce the individual, social, and economic costs of substance misuse and addiction.¹ For more information about integrated behavioral health care check out these resources:

- Agency for Healthcare Research and Quality: [https://integrationacademy.ahrq.gov/about/what-integrated-behavioral-health](https://integrationacademy.ahrq.gov/about/what-integrated-behavioral-health)

Telemedicine
While telehealth/telemedicine services have been used for quite some time, COVID-19 has made telehealth more important. Here are some telehealth resources:

- Arizona Service Provider Directory: [https://telemedicine.arizona.edu/servicedirectory](https://telemedicine.arizona.edu/servicedirectory)
- Project ECHO: [https://telemedicine.arizona.edu/echo](https://telemedicine.arizona.edu/echo)

Billing for Services
An important aspect for sustaining substance use disorder screening, treatment, and referrals is billing for services. Here are a few resources that may be useful.

- National Council for Behavioral Health, Parity: [https://www.thenationalcouncil.org/topics/parity/](https://www.thenationalcouncil.org/topics/parity/)

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Relevant Membership Organizations

There are membership organizations that offer access to information and opportunities for collaboration. There may be fees associated with membership.

- American Society of Addiction Medicine: [https://www.asam.org/](https://www.asam.org/)
- Arizona AATOD chapter, Arizona Opioid Treatment Coalition: [https://aotc-arizona.org/](https://aotc-arizona.org/)
- Arizona State University, Medication-Assisted Treatment Echo: [https://chs.asu.edu/project-echo/join/medication-assisted-treatment](https://chs.asu.edu/project-echo/join/medication-assisted-treatment)
AzMAT Mentors Program Implementation

The AzMAT Mentors Program is a pilot project. The pilot project is expected to finish by September (Figure 1). There is a standard program process for engaging experienced and new MAT providers (see definitions below) in program activities (Figure 2).

<table>
<thead>
<tr>
<th>Term or Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>AzMAT Mentors Program</td>
<td>The Arizona Center for Rural Health, Arizona Medication Assisted Treatment Program</td>
</tr>
<tr>
<td>Collaborators</td>
<td>One-on-one collaborations between:</td>
</tr>
<tr>
<td></td>
<td>• Providers with experience implementing MAT = experienced providers. Experience is defined as at least one year using MAT and/or have treated at least 20 patients.</td>
</tr>
<tr>
<td></td>
<td>• Providers who are DATA-waived with less experience using MAT = new MAT providers. New is defined as anyone who is interested/available to work with an experienced MAT provider.</td>
</tr>
<tr>
<td>Collaborative Consultation</td>
<td>We expect at least two consultations between collaborators to work on a goal towards increasing the new MAT providers capacity to implement substance use disorder services.</td>
</tr>
<tr>
<td>OBOT</td>
<td>Office Based Opioid Treatment</td>
</tr>
<tr>
<td>OUD</td>
<td>Opioid Use Disorder</td>
</tr>
<tr>
<td>OTP</td>
<td>Opioid Treatment Programs are accredited and certified to provide services per federal requirements.</td>
</tr>
<tr>
<td>Peer support specialists</td>
<td>A person who has substance misuse experience who can support another person while they are becoming stable, in maintenance, and remission.</td>
</tr>
<tr>
<td>UDS</td>
<td>Urinalysis drug screening</td>
</tr>
</tbody>
</table>
Experienced and new MAT providers are matched based on three criteria: (1) range of MAT services, (2) behavioral/medication interventions, and (3) provider location and discipline. Providers are expected to have at least two collaborative consultations to initiate, improve, or enhance the SBIRT framework for identifying, treating, and referring people who may benefit from intervention(s). An additional collaborative consultation is recommended to address telemedicine issues for treating OUDs in light of the COVID-19 pandemic (Figures 3-5).

**Figure 1:**

AzMAT Mentors Program
Pilot 2020

- Develop and implement a plan for overcoming barriers to treat patients with substance use concerns including OUDs.
- Overcome barriers for offering SUD/OUD services and supports.

MAT = medication-assisted treatment
OUD = opioid use disorder
SUD = substance use disorder

This project supported by Grant number H79TI081709 funded by the Substance Abuse and Mental Health Services Administration. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Substance Abuse and Mental Health Services Administration or the Department of Health and Human Services.
AzMAT Mentors Program Process

Experienced MAT Providers

Are you interested in participating as an experienced MAT provider?

- Complete interest form at: https://redcap.uahs.arizona.edu/surveys/?s=Y7RLKJRARC
- Complete application form
- Complete UA paperwork for remuneration
- Review pre-training materials
- Attend program training
- Submit training feedback form
- Conduct at least 2 collaborative consultations with new MAT provider(s)
- Recommended collaborative consultation regarding telemedicine
- Submit paperwork and invoice to CRH
- Submit program feedback form

New MAT Providers

Are you interested in participating as a new MAT provider?

- Complete interest form at: https://redcap.uahs.arizona.edu/surveys/?s=Y7RLKJRARC
- Complete invitation form
- Match with MAT experienced provider
- Participate in at least 2 collaborative consultations
- Recommended collaborative consultation regarding telemedicine
- Submit program feedback form

For more information visit our website: https://crh.arizona.edu/mentor

Or contact Bridget Murphy at: bridget@arizona.edu

Disclaimer: The AzMAT Mentors Program was supported by Grant number H79TI081709 funded by the Substance Abuse and Mental Health Services Administration. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Substance Abuse and Mental Health Services Administration or the Department of Health and Human Services.
## Implementation Expectation

<table>
<thead>
<tr>
<th>Collaborative Consultation</th>
<th>Expected Outcomes</th>
</tr>
</thead>
</table>
| **Introduction** (within five working days after your match is confirmed) | • Brief introductions and review of the collaborator’s respective backgrounds  
• Discuss AzMAT Mentor Program plan  
• Schedule day/time and type (e.g., video conferencing; telephone) for first collaborative consultation |
| **Collaborative Consultation 1** (in June/August) | • Review new MAT provider SBIRT approach  
• Identify one concrete and achievable goal to work on for collaborative consultation two  
• Schedule day/time and type of second collaborative consultation |
| **Collaborative Consultation 2** (no later than August) | • Review results of goal  
• Identify new strategies to achieve goal or develop another goal  
• Discuss next steps |
| **Collaborative Consultation 3** (optional but recommended) | • To review and troubleshoot issues associated with providing MAT using telemedicine in light of COVID-19 |
### Assessing SBIRT

<table>
<thead>
<tr>
<th>Screening (S) (All patients)</th>
<th>Brief Intervention/Treatment (BI) (Patients with indication of unhealthy substance use)</th>
<th>Referral To ... (RT) (Patients that would benefit from additional services)</th>
</tr>
</thead>
<tbody>
<tr>
<td>What types of information is included in the consent?</td>
<td>What types of information is included in the consent?</td>
<td>What types of information is included in the consent?</td>
</tr>
<tr>
<td>How is screening conducted (i.e., types; format; provider type)?</td>
<td>Is there a standard approach for conducting BIs (i.e., types; format; provider type)?</td>
<td>How is the necessity of referral determined (i.e., types; format; provider type)?</td>
</tr>
<tr>
<td>Is there a pre-screening used to assess for substance misuse and/or mental health conditions for all patients in the practice?</td>
<td>What evidence-based methods are used?</td>
<td>What types of referrals are needed?</td>
</tr>
<tr>
<td>Is there a separate screening used for patients that identify unhealthy use?</td>
<td>Who conducts BI(s)?</td>
<td>What organizations or supports have served as referral sources?</td>
</tr>
<tr>
<td>How are patients who do not have substance use concerns affirmed for their health promoting behaviors?</td>
<td>How are behavioral and pharmaceutical treatments blended?</td>
<td>Are there formal and informal agreements in place for referral?</td>
</tr>
</tbody>
</table>

Figure 4:
Figure 5:

**Potential Formats for Collaborative Consultation**

- Meetings
- Case consultation
- Share and revise documents

- Two new MAT providers meeting with the experienced provider

1:1 Video Conferencing

Group Video Conferencing

Telephone

Email

- Discuss processes
- Case consultation

- Answer specific questions
- Share and review documents
Frequently Asked Questions (FAQs)
AzMAT Mentors Program

General FAQs
Q.1: What do collaborative consultations look like?
New and experienced providers may collaborate in a variety of ways, through phone, video conference, or email. Collaborators should discuss and agree on what communication methods work best for them. This program asks providers to engage in at least two collaborative sessions, but more are possible, up to a long-term working collaboration. Please let us know if you’d like assistance program staff to set up a zoom meeting for your collaborations.

Q.2: Where do I find MAT resources?
Here are links to national organizations and federal agency resources.
1. PCSS: https://pcssnow.org/
2. SAMHSA: https://www.samhsa.gov/medication-assisted-treatment
3. ASAM: https://www.asam.org/

Here are links to Arizona and program-specific resources
5. ASU MAT: https://cabhp.asu.edu/medication-assisted-treatment
6. AOTC: https://aotc-arizona.org/

Experienced MAT Providers FAQs:
Q.1: How do we (experienced providers) document collaborations?
Please keep a record of your collaborations. At the conclusion of the program, the evaluation survey will ask you to report the total number of collaborative consultations.

Q.2: What are the key program outcomes?
The goal of this program is increase access to MAT by supporting new or less experienced MAT providers to increase their capacity to deliver MAT services. We will measure this through changes in their confidence and their intention to deliver MAT.

Q.3: How did AzMAT Mentors program staff recruit the new MAT providers?
All Arizona DATA-waived (x-waived) interested providers are encouraged to participate, especially those working in rural and underserved areas. To spread the word, we used a variety of marketing methods. They are described in our recruitment and enrollment document. Please feel free to invite interested providers to complete the interest form at our website crh.arizona.edu/mentor.
Q.4: I’m having difficulty connecting with my assigned collaborator.
We ask that you initiate contact within five days of your match and hold the first collaborative consultation within 30-days. However, we recognize that this may be difficult for some providers. We ask that you try to connect with your assigned match a couple of times and then seek support from AzMAT Mentor Program personnel. The new MAT provider may have had changes such that their schedule no longer allows for participation.

Q.5: When do we get paid?
The process for payment includes:
✓ Completing the Scope of Service and Independent Contractor (ICON) form
✓ Attending the scheduled training and roundtable sessions
✓ Attending the scheduled training and roundtable sessions
✓ Working with assigned collaborator(s) and completing 2-3 collaborative consultations for each match
✓ Submitting an invoice using the AzMAT Mentor Program template
✓ Awaiting 4 to 8 weeks to receive payment
✓ Questions should be directed to: Lena Cameron at ercameron@arizona.edu

Q.6: What is an ICON?
ICON stands for Independent Contractor form used by the University of Arizona as a mechanism to pay providers for their time as experienced MAT providers in the program. More information about ICON forms and policies are located at this website: https://www.fso.arizona.edu/accounts-payable/independent-contractor.

Q.7: Where can I find instructions or support to complete the ICON form?
An email will be sent to you explaining the ICON process. This document will be sent to you via Adobe Sign, with relevant information prefilled on the form. Adobe Sign will prompt you to complete the remaining fields, check over the document for accuracy, and sign. You will be able to reach Lena Cameron at ercameron@arizona.edu for additional troubleshooting.

New MAT Providers FAQs:
Q.1: I have applied for my DATA-waiver but have not received it yet. Can I participate?
We are thrilled that you applied for the DATA-waiver. For this program, we are working with providers who are already DATA-waived. Please check back with us when you receive your waiver.
Q.2: What should I ask my experienced MAT collaborator during our first meeting?

Effective collaboration is directed by your learning goals. For this to happen, we encourage you to develop two to three open ended questions to guide your collaborative sessions. Here are a few examples:

1. Tell me about the big picture issues I need to consider when implementing substance use disorder services and supports in my practice?
2. What are the best ways to prevent and address problems of diversion?
3. How do you encourage family involvement in the MAT process?
4. What policies and procedures are important to initiate for MAT patient work flow?
5. What are the ways you use Screening, Brief Intervention and Referral to Treatment (SBIRT) including urinalysis drug screening?
6. How do I identify and address stigma against people who use drugs that I, my practice partners, or clinic staff may hold?
7. What are some issues I need to consider associated with working with special populations such as women who are pregnant or adolescents?
8. How do you create a trauma informed setting to avoid inadvertently retraumatizing patients?
9. What are some ways I can prioritize self-care among me and our team?